

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin



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EDITOR

Regulations Relating to the Approval of Laboratories and the Certification of Technicians by the State Board of Public Health of California

CHAPTER 282—MUNICIPAL AND COUNTY LABORATORIES

1. Any incorporated city, town, county, city and county or chartered city may, for the purpose of protecting the community against infectious disease, establish a bacteriological and chemical laboratory for the examination of specimens from suspected cases of disease and for the examination of milk, waters and food products.

2. The cost of establishment and maintenance of such laboratories shall be a legal expenditure from any incorporated city, town, county, city and county or chartered city funds that may be provided for disbursement under the direction of the health officer for the protection of public health.

3. All municipal and county laboratories established for the purposes herein set forth shall be subject to the approval of the State Board of Health. (Statutes of 1927.)

REGULATIONS OF THE BOARD

(Adopted March 25, 1933)

1. Certificate of Approval Applies to the Director and One Laboratory Only

Certificates (of approval) are to be issued to the responsible head of particular laboratories, and do not apply to other laboratories, even under the same management, or to the same laboratory under different management.

2. Changes To Be Reported

The State Bureau of Laboratories, at Berkeley, acting for the State Board of Health, is to be notified promptly of any change in:

- a. The directorship of the laboratory.
- b. Proposed expansion in public health work.
- c. Removal of laboratory to another location.
- d. Change of technic used in the Wassermann test.

3. Reporting of Examinations

All diagnostic laboratories shall report positive examinations for the reportable diseases to the State Board of Health.

Note: As in the case of the reporting of communicable disease in general, the method of reporting will be at the discretion of the local health officer. When written reports are required, card forms will be provided by the State Department of Public Health and distributed through the local health officer.

4. Laboratory Director Must Hold the Degree M.D.

A clinical diagnostic laboratory shall not be eligible for approval unless the director thereof be a doctor of medicine, and in addition shall have had three years experience as a clinical pathologist under conditions acceptable to the board; provided, however, that laboratories approved prior to January 1, 1929, shall be continued on the approved list.

5. Milk Examinations

All laboratories approved by the California State Board of Public Health for county or city public health work shall be equipped to conduct all chemical and bacteriological examinations which are or may be required for the control of pasteurization of milk and of legal standards of any milk admitted into the cities or counties they serve. The technic shall be that recommended by the American Public Health Association and required by the State Board of Public Health.

6. Certificates of Approval Required

A certificate of approval, duly issued by the State Board of Health after inspection and recommendation by the Chief of the Bureau of Laboratories, shall be required to be in the possession of all city, city and county, county and town public health laboratories, and no such laboratory shall continue to operate more than five days following receipt of notice of cancellation of any existing certificate, or of refusal of the board to issue a certificate in the first instance.

7. Technicians to Hold Certificates of Proficiency

All skilled workers in municipal or county public health laboratories, including bacteriologists, serologists, technicians, or laboratorians, shall possess as a condition for such employment, certificates of proficiency issued by the State Board of Public Health.

8. Certificates Issued for Different Classes of Work

Four classes of certificates shall be issued, covering separately, authorization to make examinations in bacteriology, serology, parasitology and biochemistry (including hematology). Technicians possessing one certificate only shall not be permitted to engage in the activities covered by other certificates, excepting under the immediate supervision of someone possessing the required certificate.

9. Examinations for Certificates of Proficiency

Examinations, either written or oral or both, for the certificates of proficiency shall be held from time to time in such geographic centers of the State as will best suit the convenience of the majority of the applicants or as may be designated by the Director of Public Health.

10. Examinations To Be Supervised by the Chief of the Bureau of Laboratories

Examinations for certificates of proficiency shall be under the supervision of the Chief of the Bureau of Laboratories, State Department of Public Health.

11. Contracts With Private Laboratories

Health officers of municipalities or counties possessing no laboratory, but who desire local laboratory

service, may designate a local or private laboratory as the official public health laboratory of his territory, but any such designation shall be subject to the approval of the State Board of Public Health, and all skilled workers in such laboratories entering such contract, shall hold the appropriate certificate or certificates of proficiency.

12. Certain Cultures To Be Sent to the State Laboratory

All approved laboratories making examinations for the identification of typhoid carriers shall, in all positive cases, forward to the State Bureau of Laboratories a culture of the organism the isolation of which established the diagnosis.

13. Certain Cultures To Be Sent to the State Laboratory

Whenever an approved laboratory reports an outbreak of food poisoning as having been caused by a given organism, a culture of the organism on which their opinion was based is to be forwarded to the State Bureau of Laboratories for deposit in the State culture collection, and for confirmation.

14. Technicians in Approved Clinical Laboratories to Hold Certificates of Proficiency

On and after January 1, 1933, all technicians entrusted with independent work, in all laboratories approved by the State Board of Public Health, shall hold certificates of proficiency covering all divisions of the work that they may be called upon to do.

The venereal diseases, syphilis and gonorrhea, are among the greatest problems of preventive medicine and public health today. They constitute a major economic problem, entailing heavy losses to industry, trade, the community generally, and its members. The social consequences are of enormous proportions, for they bring about tragic and irreparable damage to family life, with the effects of which all social work agencies are constantly concerned. They have become an educational problem, since their prevention depends mainly upon educational prophylaxis. And they are an environmental problem, related definitely to human behavior which is so largely affected by conditions surrounding individuals and groups. In short they are a problem of the entire community, and for their solution the combined medical, public health, economic, social, religious, and educational forces must cooperate. Especially in times like the present is this true.—William H. Welch, M.D.

Education for leisure and the enrichment of adult life * * * is a fundamental problem affecting the welfare of the State and its perpetuity.—William F. Russell (1932).

SCHOOL HEALTH

In these times of stress and universal unrest all public institutions are being carefully scrutinized as to the essential need for their activity. Therefore, we must discriminate carefully between those which serve a vital human need and those which do not. School health work requires no defense as it has been accepted and approved by the civilized world for a century. It is the most important phase of our educational program. Without health supervision education can not endure. In these days of economic strain school health supervision is more essential than ever.

As organized in Los Angeles it provides for all school children a periodic health examination to the end that they may profit by the education they receive and in the course of which thousands of physical defects are discovered which would otherwise have remained undetected. This work is highly effective because it is conducted by physicians, dentists, nurses, and specially trained physical education teachers who have had years of special training in school health work; men and women who have devoted themselves to this specialty largely because of their intense interest in it. They have made a study of the normal child, and they are specially qualified to detect slight deviations from normal; they are more interested in preventing disease than in curing it.

Their service in preventing juvenile delinquency and crime, in correcting postural defects, in controlling the spread of contagion, and infectious skin diseases, in forestalling backwardness by placing glasses on defective eyes, preventing deafness, giving advice on malnutrition, and in scores of other ways keeping our school children as near fit as possible, can not be measured in dollars and cents. The great majority of children would receive no medical supervision except in cases of acute illness were it not for the school physician's examination and the nurse's inspection.

Those children whose parents can not pay a physician are taken care of at public expense; those who are able to pay the physician consult him much oftener because of the school health worker's activities. Thousands of children are referred to the family doctor for the correction of previously undiscovered defects. It must be clearly understood that school health work is not curative medicine but preventive medicine.

If this service is further curtailed it would be the most short-sighted policy this community could possibly adopt. It would set us back many years. The results in increased disabilities would persist into the

coming generations. We see daily the children from other cities and towns where school health work is inadequate. These children often show the sad results of uncorrected defects; such cases are rare in children born in Los Angeles.

During the World War a large percentage of our youth were rejected because of uncorrected physical defects that should have been attended to in childhood. We should not permit a repetition of this terrible blunder. The birthright of our children must not be destroyed. Have we less foresight and less humanity than the ancient Greeks and Romans, who during their days of glory and physical perfection, in times good and bad, gave first place to the health supervision of their children whom they considered more precious than gold or anything else in the structure of the State? In times of depression we must not relax our vigilance for the health of the oncoming generations, for then we will be a long time paying for our folly, and we will also be responsible for untold suffering of our future citizens.—Sven Lokrantz, M.D., Medical Director, Los Angeles City Schools.

LIST OF DISEASES REPORTABLE BY LAW

ANTHRAX	PARATYPHOID FEVER
BERI-BERI	PELLAGRA
BOTULISM	PLAGUE
CHICKENPOX	PNEUMONIA (Lobar)
CHOLERA, ASIATIC	POLIOMYELITIS (Epidemic)
COCCIDIOIDAL GRANULOMA	PSITTACOSIS
DENGUE	RABIES (Animal)
DIPHTHERIA	RABIES (Human)
DYSENTERY (Amoebic)	RELAPSING FEVER
DYSENTERY (Bacillary)	ROCKY MOUNTAIN
ENCEPHALITIS (Epidemic)	SPOTTED (or Tick)
ERYSIPELAS	FEVER
FLUKES	SCARLET FEVER
FOOD POISONING	SEPTIC SORE THROAT
GERMAN MEASLES	SMALLPOX
GLANDERS	SYPHILIS*
GONOCOCCUS INFECTION*	TETANUS
HOOKWORM	TRACHOMA
INFLUENZA	TRICHINOSIS
JAUNDICE (Infectious)	TUBERCULOSIS
LEPROSY	TULAREMIA
MALARIA	TYPHOID FEVER
MEASLES	TYPHUS FEVER
MENINGITIS (Meningococcic)	UNDULANT (Malta)
MENINGITIS (Cerebrospinal)	FEVER
MUMPS	WHOOPING COUGH
OPHTHALMIA NEONATORUM	YELLOW FEVER

QUARANTINABLE DISEASES

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAGUE	YELLOW FEVER

* Reported by office number. Name and address not required.

MORBIDITY***Diphtheria**

39 cases of diphtheria have been reported, as follows: Martinez 1, Los Angeles County 3, Glendale 5, Los Angeles 16, Pasadena 1, Santa Monica 1, Whittier 1, Gardena 1, Monterey County 1, Carmel 1, Riverside 1, San Bernardino 1, San Diego 2, San Francisco 1, Sonoma County 3.

Influenza

52 cases of influenza have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles 12, Riverside 24.

Measles

1272 cases of measles have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles County 241, Alhambra 34, Beverly Hills 10, Burbank 18, Culver City 14, Glendale 45, Huntington Park 31, Long Beach 50, Los Angeles 521, Pasadena 32, San Gabriel 16, Santa Monica 51, South Gate 25, Bell 22, Orange County 14, Ontario 12.

Scarlet Fever

167 cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles County 16, Los Angeles 42, San Francisco 19.

Whooping Cough

564 cases of whooping cough have been reported. Those communities reporting 10 or more cases are as follows: Alameda 11, Berkeley 38, Oakland 22, Fresno 14, Kern County 13, Los Angeles County 62, Los Angeles 57, Sacramento 62, San Diego 12, San Francisco 66, Lodi 15, Yolo County 24.

Smallpox

50 cases of smallpox have been reported, as follows: Alameda County 1, Los Angeles County 4, Los Angeles 40, South Gate 2, Santa Clara County 1, San Jose 1, Tulare County 1.

Typhoid Fever

2 cases of typhoid fever have been reported, as follows: Alameda County 1, Pleasanton 1.

Meningitis (Epidemic)

5 cases of epidemic meningitis have been reported, as follows: Kern County 1, Los Angeles County 1, Merced 1, Sonoma County 1, Woodland 1.

* From reports received on April 3d and 4th for week ending April 1st.

Poliomyelitis

2 cases of poliomyelitis have been reported, as follows: Los Angeles County 1, Monterey County 1.

Rocky Mountain Spotted Fever

One case of Rocky Mountain spotted fever from Lassen County has been reported.

Food Poisoning

91 cases of food poisoning have been reported, as follows: Long Beach 88, San Francisco 3.

Undulant Fever

2 cases of undulant fever have been reported, as follows: Los Angeles 1, Riverside 1.

Coccidioidal Granuloma

2 cases of coccidioidal granuloma from Fresno County have been reported.

Septic Sore Throat

3 cases of septic sore throat have been reported, as follows: Los Angeles County 1, San Francisco 1, Paso Robles 1.

Trichinosis

One case of trichinosis from Los Angeles has been reported.

Medical relief, including the emergency care of syphilis, should be accepted as an obligation of the community as fully as food and shelter. Adequate care will now save lives of children not born or even conceived; will prevent many thousands of paretics from populating mental hospitals for many years; will save the sight and hearing of many men, women and children during the next twenty years; will decrease the toll of heart disease, paralysis and other conditions under which syphilis masquerades. Unless wise and timely measures are taken now, the increased burden of syphilis will be sapping the community vitality long after the depression itself has been forgotten.—C. Gordon Heyd, M.D.

“Pasteurization destroys the dangers which inspection can not see.”—Rosenau.

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